

Pasadena Running Roses Permission Form

Date: _____ Volunteer (circle one): Learning Center Team Parent Fundraising Committee

Name of Participant: _____ Date of Birth: _____ Age: _____ School Attending: _____

Printed Name of Parent/Guardian: _____ Email Address: _____

Home Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____ Other: _____

Emergency Contact: _____ Relationship to Child: _____ Phone Number: _____

Physical and/or Medical problem (s): _____

What do you and your athlete hope to accomplish this season? _____

PHOTO RELEASE: _____ I hereby give my consent and release the use of any photographs taken of my child for the purpose of publicity as it relates to the City of Pasadena Human Services & Recreation Departments Running Roses Track & Field Program.

_____ I **do not** give my consent and release of any photographs taken of my child for the purpose of publicity as it relates to the City of Pasadena Human Services & Recreation Departments Running Roses Track & Field Program.

PLEASE READ CAREFULLY

In consideration of the **CITY OF PASADENA** (City) granting me, or any minor on whose behalf I sign this agreement, permission to use City facilities and/or participate in the above event/program, the undersigned freely agrees to the following contractual terms and conditions:

1. **GOOD PHYSICAL CONDITION.** The participant has no physical or medical condition which would endanger the participant or others, or that would interfere with the participant's ability to participate in the event/program.
2. **ALL RISKS ASSUMED.** I am fully aware that serious injuries and possibly even death are sometimes associated with such event/programs, and sporting and recreational activities. I fully realize the dangers and hazards associated with participating in this event and fully assume the risks associated with such participation, including, by way of example and not limitation, the following: dangers of falling; dangers of hitting (coming into physical contact) or being hit by other participants, spectators and fixed or moving objects; dangers arising from facility defects or surface hazards, equipment failure or lack thereof; inadequate safety equipment; and weather conditions. I accept responsibility to be familiar with the premises, the equipment, the improvements, the weather, and the rules and practices regulating the event/program as well as knowing the risks and dangers. I agree to assume, for myself and participant, all event/program risks and dangers (known and unknown, foreseen and unforeseen, and whether mentioned above or not).
3. **RELEASE, WAIVER, INDEMNITY, AND COVENANT NOT TO SUE.** I agree for myself and participant, and for our executors, administrators, heirs, next of kin, successors and assigns (collectively hereafter called "successors") to waive, release, discharge, agree not to sue, and agree to indemnify, hold harmless and defend, to the extent permitted by law, the City, its respective Directors, Commissioners, Officers, Employees, Volunteers and Agents (all referred to as Release) from any and all liability, loss, suits, claims, damages, costs, judgments, and expenses (including attorney's fees and costs of litigation) which directly or indirectly result from or arise out of, or are alleged to result from or arise out of, participation or association with the event/program, including, but not limited to, personal injury, (including death at any time) and property damage or other damage sustained by me or the participant or any person or persons whatsoever, from any cause whatsoever, whether caused by negligence or not. This release is intended to discharge Releases in advance from and against all liability arising out of or connected with me or my child's participation in said program, even if that liability may arise out of negligence of carelessness on the part of Releases.
4. **MEDICAL AUTHORIZATION.** In the event the City is unable to contact me or to secure my consent in the case of a medical emergency involving my child, I hereby give the City and its representatives permission to secure proper medical care and assistance for my child, including, but not limited to, hospitalization, treatment, medication or x-rays. I further authorize any treating physician to use his or her discretion in providing emergency treatment. I agree to pay the costs of all such medical care.
5. **REFUND POLICY.** The following refund policy is in effect: 1. Athletes quitting within 10 days of signing up will be refunded all fees paid less \$25.00, thereafter, no fees will be refunded. 2. Athletes that are released due to disciplinary action at any time will not be refunded money paid. 3. There are NO refunds on uniforms once the uniform has been ordered.
6. **LATE FEE:** I understand and agree that in the event I/we are late (after 7:30pm) in picking up our child(ren), that I/we will pay the Pasadena Running Roses a \$2.00 per minute late fee. I also understand if this fee is not paid by the end of the week that the offense occurred my/our child/(ren) will not be allowed to compete in any track meets until such fee(s) are paid in full.
7. **COMMITMENT TO FUNDRAISING.** I hereby agree to participate in **all** fundraising activities and to sell the minimum required. If I am unable to meet the minimum, I agree to pay a fee of \$85.00 per child per fundraiser to: Pasadena Running Roses. Failure to comply with our Annual Track Meets and fundraising requirements will result in the removal of your child from participating in practice and/or any other club events.
The minimum required will be determined at the onset of each fundraiser. If you chose not to participate in the 3 fundraisers you are required to pay a flat fee of \$250 per child. In addition to our fundraisers it is **MANDATORY** for **ALL** parents to participate at both Pasadena Running Roses Track Meets.

I HAVE READ THIS ENTIRE DOCUMENT. I UNDERSTAND MY RESPONSIBILITY AS A PARENT/GUARDIAN AND THAT OF MY CHILD/ATHLETE. I UNDERSTAND IT IS A RELEASE OF ALL LIABILITY AND I ASSUME ALL RISKS OF INJURY INVOLVED IN THE ACTIVITIES OF THE SPORT. I VOLUNTARILY ACKNOWLEDGE, AGREE AND UNDERSTAND THE PASADENA RUNNING ROSES PERMISSION FORM.



Date: _____ Signature of Parent/Guardian: _____

DATE RECVD PAYMENT:	PAYMENT METHOD: CASH / CHECK _____	AMOUNT PAID:	CASHIER SIGNATURE:	USATF MEMBER #:
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